

**COLLEGE OF SOUTHERN NEVADA
TEMPORARY EMPLOYEE TELECOMMUTING AGREEMENT
INSTRUCTION SHEET**



Thank you for your dedication to our students and mission! We appreciate this opportunity to continue to put ~~the~~ students first and serve them in the best way possible given our current circumstances with COVID-19 (Coronavirus).

Currently, this Temporary Employee Telecommuting Agreement is for Non-Academic Faculty. In an effort to follow basic guidelines and have an individual and collective understanding and expectations of working remotely, each employee who has been approved to work remotely by their supervisor must complete the Temporary Employee Telecommuting Agreement. The Agreement is a three (~~3~~)-page, fillable PDF, and has several required fields and several optional fields/lines. **Due to the individual technology of each employee, a digital signature may not work. Therefore, the form allows for an employee to type in their name in lieu of signature.** The Agreement is required for all Non-Academic Faculty who have been approved to telecommute.

CHECKPOINT ASSIGNMENT BY CAPE

Each employee will be assigned through the CAPE Platform, the Temporary Employee Telecommuting Agreement – Checkpoint as a way of tracking who has and has not completed the Agreement. The Checkpoint will have a due date of seven (~~7~~)-calendar days from the date of assignment. Due to our current situation with COVID-19, things are moving rapidly, and you may receive and complete this form prior to the assignment of the Checkpoint in CAPE.

Once the fully completed Agreement is received by CAPE, the CAPE staff will be responsible for uploading the document into the system which will fulfill the Checkpoint requirement.

You can check the CAPE Platform – My Learning Tab to see if your Checkpoint has been completed – the Checkpoint will move from the “Required” section to the “Completed” section. If you have any questions about the Checkpoint or how to complete the form, please email CAPE@csn.edu.

SENDING THE AGREEMENT TO CAPE@csn.edu

Once the Agreement is completed and dated, you must **email the Agreement to CAPE@csn.edu, who will then review it for completion and then upload the Agreement into the Checkpoint for you, as a courtesy.**

If you decide to print the Agreement and wish to complete and sign it with a pen, then you can scan the completed document to CAPE@csn.edu.

An incomplete Agreement may require that CAPE return it to the employee to be completed.

You do not have to send the Instruction pages, but we understand it may be easier to do that.

INSTRUCTIONS TO COMPLETE THE AGREEMENT

Top Section – Employee and Supervisor Information

Please fully read and complete the employee and supervisor information. Your Employee ID can be found in Workday.

From a Computer or Laptop	From a Mobile Device (cell phone)
1. Log into GoCSN (if not on a CSN device, you may have to login with your Active Directory credentials).	1. Download the Workday app.
2. Find and click the Workday tile.	2. The Company Code is – NSHE.
3. Log-into Workday with your Active Directory credentials.	3. Select “Active NSHE Community Members”.
4. Click on the Cloud picture in the top right corner.	4. Select “CSN”.
5. Click on your name.	5. Login using your Active Directory credentials. If you have not been in Workday on this device in the past 7 days, you will be asked to verify your permission to access Workday by being sent a code via text or email for verification it is you.
6. Click “Summary” on the left.	6. After you put in the code, click “Enter”.
7. Your Employee ID is the first item under “Job Details” on the right.	7. Click the 3 bars in the top left of the Home Screen.
8. Always exit completely from Workday.	9. Click your name.
	10. Scroll up, click “Overview”.
	11. Click “Job Details”.
	12. Your Employee ID is the first item under “Job Details”.
	13. Always exit completely from Workday.

PLEASE NOTE: The Temporary Employee Telecommuting Agreement must be renewed every six ~~(6)~~ months by the employee and their supervisor.

Section I. Employee & Supervisor Agreement

Please fully read the statement.

Section II. Designated Work Hours, Workplace, & Accessibility

Please fully read and complete this section. With the COVID-19 Crisis, and CCSD closing ~~the~~ schools, the goal is to do the best to decrease/remove distractions while working from home. During this particular crisis, it is understandable if children or other family members are in the home while you are working. We recommend having a designated workspace and setting clear boundaries with family at home to help adjust to this new, ~~but~~ temporary environment. Flexibility, diligence, and keeping our purpose in sight are required to successfully telecommute during the COVID-19 Crisis. Refer to Section III for language on needing to take personal or sick leave.

Section III. Annual, Sick, & Other Leave

Please fully read the statement. If, during the designated work day and hours, you have personal appointments or you or an approved family member become ill, request the appropriate leave through Workday as normal.

Section IV. Job Description, Duties, & Responsibilities

Please fully read the statement.

Section V. Equipment & Technical Support

Please fully read and complete this section. List the CSN equipment you have been issued to use in the operation of your job duties. **IF you HAVE NOT been issued any CSN equipment,** still mark the box “Telecommuter did not receive any CSN issued equipment.”

Section VI. Communication & Accessibility

Please fully read and complete this section.

On the first set of BLANK LINES (optional to complete) list the other CSN employees, other than your supervisor and Human Resources, you authorize to have the phone numbers you provided on the form; this would be for business purposes.

On the second set of BLANK LINES (optional to complete) list other duties/procedures you and your supervisor agree will be completed during the telecommuting period. Due to COVID-19 and the current circumstances many employees at the College are required to work remotely, these duties/procedures may vary slightly from their normal duties/procedures in order to continue to provide excellent service to the students, employees, and community. You and your supervisor should agree to them and list those duties/procedures here.

Section VII. Confidentiality of Data & Records Management

Please fully read and complete this section. Each employee who works with students or student data, should have a signed FERPA agreement with the College, and other confidentiality agreements that pertain to their specific job; those previous agreements are still in effect even when telecommuting.

The BLANK LINES (optional to complete) are for items you and your supervisor may have discussed and want to address specifically in this Agreement.

Section VIII. Acceptance & Approval of Agreement

Please fully read and complete this section.

In lieu of a signature, please type in your name and the date in the last two boxes. If you are able to add a digital signature or wish to print the document and physically sign it, those will be accepted as well. **Due to the individual technology and software of each employee, a digital signature may not work.** Any Agreement not fully completed may be returned to the employee. This will delay the entire process and both the employee and supervisor may receive late notices about the Checkpoint not being completed by the due date.

QUESTIONS ABOUT HOW TO COMPLETE THE AGREEMENT

If you have questions about how to complete this Agreement, please contact CAPE@CSN.edu. CAPE is also working remotely and will respond in a timely fashion during regular business hours.

**COLLEGE OF SOUTHERN NEVADA
TEMPORARY EMPLOYEE TELECOMMUTING AGREEMENT**



Employee Name - Last, First MI

Job Title

Employee ID Number

Supervisor Name

Department Name

Primary Campus Location

I. EMPLOYEE & SUPERVISOR AGREEMENT

This document specifies the detail of an employee’s telecommuting work agreement with the College of Southern Nevada (CSN). When all signatures are present, the employee, hereafter also referred to as “telecommuter”, is authorized to begin the telecommuting procedure as defined in this Agreement. This Telecommuting Agreement may be discontinued by either the telecommuter or CSN at any time. Every effort shall be made to provide thirty (30) days’ notice of a change or discontinuance. There may be instances, however, where shorter notice may be necessary.

II. DESIGNATED WORK HOURS, WORKPLACE, & ACCESSIBILITY

Start date for telecommuting:

[telecommuting agreement must be renewed every six (6)-months.]

Telecommuting days per week:

Day(s) of the Week (mark all that apply):

M T W Th F Sa Su

Will these day(s) be the same each week? Y N (If no, explain):

Specify core hours of telecommuting:

Total hours per day:

Specify physical address of telecommuting location:

Street Address

City

State

Zip Code

The telecommuter accepts and understands that during the telecommuting period to:

- a) Immediately notify his/her supervisor of a change in residence/telecommuting location.
- b) Understand CSN’s Workers’ Compensation program and reporting procedures.
- c) Not conduct meetings or have business related visitors, unless pre-approved by supervisor. Meetings should take place at CSN locations or by video conference.
- d) Understand that non-work activities by the telecommuter, including basic home tasks such as cleaning, laundry, lawn work, etc., are prohibited during a greed work hours.

III. ANNUAL, SICK, & OTHER LEAVE

If the employee/telecommuter has to perform personal business during the designated work hours/days, then the employee must request annual leave. If the employee or a approved family member becomes sick/ill and needs attention during the designated work hours/days, then the employee must request sick leave or family sick leave. All leave must be requested through Workday, and per department/division policy (i.e. within 3 days' notice). It is the employee's/telecommuter's responsibility to request leave and notify their supervisor and/or Human Resources of their situation.

IV. JOB DESCRIPTION, DUTIES, & RESPONSIBILITIES

The position description outlines the job duties and responsibilities for the telecommuter at the telecommuting location and at a CSN primary employment location.

The telecommuter is still responsible to abide by all rules, regulations, policies, and procedures of the Board of Regents, NSHE, CSN, and their department/division.

The telecommuter still has a supervisory chain of command to follow, as if they were an employee working at a CSN primary employment location.

The telecommuter is still responsible to monitor communications daily and respond to emails, texts, phone calls, and other modes of communication in a timely fashion.

V. EQUIPMENT & TECHNICAL SUPPORT

If CSN owned equipment is being used by the telecommuter at the remote location, the employee must submit a signed copy outlining all equipment taken. The employee agrees to follow CSN procedure regarding the use of equipment. If CSN equipment is broken or damaged while in the care of the employee, the employee is responsible for repairing or replacing the damaged equipment within thirty (30) days.

If CSN-owned equipment, hardware, and/or software is not being used, the employee/telecommuter agrees to discharge CSN and its employees, vendors and contractors from any liability regarding non-CSN owned software, hardware, and/or equipment.

The telecommuter agrees to access CSN technical support through previously arranged instructions by contacting CSN OTS.

The telecommuter agrees to utilize their CSN email as the official mode of receiving and responding to emails.

Below is a list of CSN equipment the employee/telecommuter has been issued to use in the operation of their job duties:

- | | |
|--|-------------------------|
| Telecommuter did not receive any CSN issued equipment. | Other Description/Tag 1 |
| Laptop – Model/CSN Tag # | Other Description/Tag 2 |
| Tablet – Model/CSN Tag # | Other Description/Tag 3 |
| Cell Phone – Model/Serial # | Other Description/Tag 4 |

VI. COMMUNICATION & ACCESSIBILITY

Home Phone Number:

Cell Phone Number:

Employee's CSN telephone extension will be forwarded to: Home Number: Y N Cell Number: Y N

If CSN extension is not forwarded, calls will be handled by (specify name and CSN phone extension):

Employee/telecommuter and supervisor authorize the following people to have the above phone number(s) and authorize telephone calls to employee/telecommuter for business purposes only on days of telecommuting as defined in this agreement (list individuals and/or department name):

On telecommuting days, the telecommuter will email their supervisor to report in no later than: AM PM

Other designated duties or procedures to be performed by the telecommuter and/or emergency contacts with phone number:

VII. CONFIDENTIALITY OF DATA AND RECORDS MANAGEMENT

The employee agrees to maintain the highest standards of safeguarding CSN information and material in the telecommuting location, including but not limited to student records and data, employee records and data, passwords, proprietary information, etc. Additionally, the employee agrees to the following measures to ensure the confidentiality, preservation, and retention of CSN records and data to maintain the integrity of the telecommuting program.

VIII. ACCEPTANCE & APPROVAL OF AGREEMENT

I, _____, have read and understand this Temporary Employee Telecommuting Agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in this document. I agree that the sole purpose of this Agreement is to regulate telecommuting and it constitutes neither an employment contract nor an amendment to any existing contract. Either CSN or the employee may discontinue this Temporary Employee Telecommuting Agreement. Every effort shall be made to provide thirty (30) days' notice of the change or discontinuance. There may be instances, however, where shorter notice may be necessary.

I also understand that any changes in the work arrangement or extension of this temporary Agreement must be in writing and must be approved by Human Resources, the supervisor, and the employee. However, if a part of the Temporary Employee Telecommuting Agreement changes, the entire Agreement is not null and void.

I further understand that if I violate any portion of this Temporary Employee Telecommuting Agreement, I am subject to discipline up to and including termination by CSN.

By filling in the employee's name below, the employee agrees that they have received, read, understands, and will abide by this Temporary Employee Telecommuting Agreement, and they understand the policies and procedures of this Agreement, including the specific provisions listed above.

Employee's/Telecommuter's Name to Represent the Employee's/Telecommuter's Signature

Date